



Franchise Return For Financial Institutions

Period Ending ____ / ____ (mm/yy) ▲

Check all that apply:

- ☐ This is a Short Period Return. ☐ Mailing Address Change
☐ The bank has opened, closed, or moved branch locations. (Provide a schedule.)

Contact Person

Phone No.: (____) ____-____

Name and Address

OFFICIAL USE ONLY

☐ 01 Pay Return☐ 02 Amended Pay☐ 03 No Pay Return☐ 05 Amended No Pay

Please check the appropriate box

Federal TIN: _____ ▲

Is this a first or final return?

If yes, check the appropriate boxes.

First Return: ☐ New Business ☐ Successor ☐ Entering Iowa
Final Return: ☐ Reorganized ☐ Merged ☐ Dissolved

Type of Return:

☐ 100% Iowa ☐ Not 100% Iowa
☐ No Iowa banking locations ☐ Inactive bank

Filing Status: ☐ Separate Iowa/Federal S Corporation
☐ Separate Iowa/Separate Federal ☐ Separate Iowa/Consolidated Federal
Name of Consolidated Parent: _____
Parent's Federal TIN: _____

Was Federal income or Federal tax changed for any prior period(s)?

- ☐ Yes. Periods Changed: _____ Reason: ☐ Federal audit
☐ No ☐ 1120X ☐ 1139

USE WHOLE DOLLARS ONLY

1. NET INCOME. From Federal Return (before net operating loss)	1. _____	.00 ▲
2. INTEREST and DIVIDENDS Exempt from Federal income tax	2. _____	.00 ▲
3. IOWA FRANCHISE TAX EXPENSED ON FEDERAL RETURN	3. _____	.00 ▲
4. OTHER ADDITIONS (from Schedule A)	4. _____	.00 ▲
5. TOTAL IOWA INCOME (add lines 1 through line 4)	5. _____	.00
6. OTHER REDUCTIONS (from Schedule D)	6. _____	.00
7. INCOME SUBJECT TO APPORTIONMENT (line 5 minus line 6)	7. _____	.00
8. IOWA PERCENTAGE (from Schedule 59F, line 19)	8. _____	%
9. DEDUCTION for APPORTIONED INCOME (from Schedule 59F, line 22)	9. _____	.00
10. NET OPERATING LOSS (from Schedule F)	10. _____	.00
11. TOTAL REDUCTIONS (line 6 + line 9 + line 10)	11. _____	.00 ▲
12. IOWA NET INCOME subject to Franchise Tax (line 5 minus line 11)	12. _____	.00 ▲
13. COMPUTED TAX (line 12 times 5%)	13. _____	.00
14. MINIMUM TAX (from IA4626F)	14. _____	.00 ▲
15. TOTAL TAX (line 13 plus line 14)	15. _____	.00
16. MINIMUM TAX CARRYFORWARD CREDIT (from IA 8827F)	16. _____	.00 ▲
17. OTHER CREDITS (from IA148)	17. _____	.00
18. PAYMENTS (from Schedule C, line 8)	18. _____	.00
19. TOTAL CREDITS and PAYMENTS (add lines 16 through line 18)	19. _____	.00
20. NET AMOUNT (line 15 minus line 19)	20. _____	.00 ▲
21. PENALTY for underpayment of estimate tax (attach IA2220)	21. _____	.00
22. PENALTY for failure to pay or failure to file	22. _____	.00
23. TOTAL PENALTIES (line 21 plus line 22)	23. _____	.00 ▲
24. INTEREST	24. _____	.00 ▲
25. TOTAL DUE (line 20 + line 23 + line 24) Make check payable to "Treasurer - State of Iowa"	25. _____	.00 ▲
26. NET OVERPAYMENT (line 20 minus line 21)	26. _____	.00
27. CREDIT TO NEXT PERIOD'S ESTIMATED TAX	27. _____	.00 ▲
28. REFUND REQUESTED (line 26 minus line 27)	28. _____	.00

29.

FOR OFFICIAL USE ONLY

29. _____

A complete copy of your Federal return, as filed with the Internal Revenue Service, MUST be filed with this return. If no copy is attached, this WILL NOT be considered a complete return.

Under penalties of perjury, I declare that I have examined this return, any attached schedules/statements, and to the best of my knowledge, believe it to be true, correct and complete. If prepared by a person other than the taxpayer, the declaration is based on all information of which there is any knowledge.

Officer's Signature _____ Date _____ Title _____

Preparer's Signature _____ Date _____ Preparer's ID No. _____

Schedules A & D

	Schedule A	Schedule D
1. Cash to Accrual Adjustments		
2. Expenses to Carry Tax Exempts section 291 & 265		
3. Expense to Carry Investment Subsidiary		
4. Contribution Adjustments		
5. Capital Loss Adjustments		
6. Iowa Franchise Tax Refund Reported on Federal Return		
7. Depreciation Adjustment (IA 4562A)		
8. Other:		
9. TOTALS		
Enter Totals On:	LINE 4, IA 1120F, Schedule A	LINE 6, IA 1120F, Schedule D

Schedule C - Payments

Current Period's Estimated Tax Payments	Amount	Date of Payment
1. Prior Period's Overpayment Credited to Current Period		
2. First Installment:		
3. Second Installment:		
4. Third Installment:		
5. Fourth Installment:		
6. Voucher Payments		
7. Other Payments		
8. Total Payments. Add lines 1-7.		
Enter on line 18, IA 1120F		

Allocation Schedule

Principal IOWA Branch Address	Name of Iowa Incorporated City Where Principal Branch is Located	Name of County	OFFICIAL USE ONLY
			00-00

Additional Information

1 Short period information: Period ____ / ____ to ____ / ____

Reason for short period: _____

2 Year business was started in Iowa: _____

3 Information from the prior return:

Corporation Name: _____

Federal TIN: _____ Net Income: _____

4 Accounting method: ☐ Cash ☐ Accrual Year accrual method began: _____

Name of Financial Institution: _____ TIN: _____

Please note:

Use whole dollars for all amounts shown on this return and any schedules or attachments.

Mail your return to:

Franchise Tax Return Processing
Iowa Department of Revenue
PO Box 10413
Des Moines IA 50306-0413

Any questions?

Iowa is in the Central Time Zone.
Call 1-800-367-3388 (Iowa only)
or 515/281-3114
Hours: 9 a.m. - 4 p.m.,
Monday-Friday
Web site: www.state.ia.us/tax
E-mail: idr@iowa.gov